



Statesboro Fire Department

Proudly Protecting Life and Property since
1905

Application for Employment

IMPORTANT INSTRUCTIONS

This employment application packet is not an offer or contract for employment. The completion of this application packet or any other instrument does not stand as an agreement or promise to hire you. Any statement to the contrary by any employee or member not in writing is void. The information in this application packet will be used to determine suitability and qualifications of the applicant for employment. Any printed material in this application packet is subject to revision without notice.

- Please print all information clearly and in your own handwriting. Completion of the application by computer is permitted, however it must be printed so that signatures can be obtained.
- Signatures **MUST** be notarized.
- Complete the entire packet answering all questions, explaining where necessary.
- All responses must be truthful and complete.
- You must provide supportive documents listed below, if applicable.

SUPPORTIVE DOCUMENTS

- Copy of State of Georgia Firefighter Certification and/or State of Georgia Registered Volunteer Firefighter Certificate
- Copy of high school diploma or GED.
- Resume

SUBMISSION OF APPLICATION

- Submit completed application to the Human Resources Department located at City Hall, 50 East Main Street Statesboro GA, 30458. **ALL SECTIONS MUST BE COMPLETE.**
- Inquiries regarding employment vacancies and application status for those vacancies should be directed to the Human Resources Department at (912) 764-5468.
- Applications for **ALL** position will be held for six (6) months.



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Section I. General

Date of Application: Position Applied for: ☐ **Full-Time Firefighter**
☐ **Full-Time Other**

Last Name: First Name:

Street Address: Apt. Number:

City: State: Zip Code:

Phone Number: Email:

Are you currently certified as a firefighter in the State of Georgia? ☐ YES ☐ NO
If YES, please provide a copy of certificate.

List any firefighting experience including dates of service and department(s):

--

Below, list three personal references. List persons who can be easily reached by phone during business hours (M-F, 8am-5pm). You must have known these persons for a minimum of three (3) years. These references cannot be related to you by blood or marriage and cannot be former employers or supervisors. These people will be asked to appraise your character, judgment, honesty, personality and other qualities.

Name	City and State	Home Phone	Work Phone	Years Acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Section II. Work History

(Start with current or most recent employer)

Employer # 1:

Address:

City:

State:

Phone Number:

Position:

Start Date:

End Date:

Supervisor's Name:

Reason for leaving:

Employer # 2:

Address:

City:

State:

Phone Number:

Position:

Start Date:

End Date:

Supervisor's Name:

Reason for leaving:

Employer # 3:

Address:

City:

State:

Phone Number:

Position:

Start Date:

End Date:

Supervisor's Name:

Reason for leaving:



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Have you ever been fired from a job? ☐ YES ☐ NO

Have you ever been asked to leave in lieu of termination? ☐ YES ☐ NO

Are you currently employed? ☐ YES ☐ NO

May we contact your current employer? ☐ YES ☐ NO

Section III. Education and Training

High School:

City: State: Graduation Date:

College Name:

City: State: Graduation Date:

Degree Awarded:

College Name:

City: State: Graduation Date:

Degree Awarded:

Additional Education:

City: State: Graduation Date:

Degree Awarded/Description:



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List any additional firefighting related certifications you currently hold:

Section IV. Driver's License

Do you have a valid driver's license? ☐ YES ☐ NO State: Class: CDL: ☐ YES ☐ NO

Driver's License Number:

Section V. Criminal Record

Have you ever pleaded guilty to or have you ever been convicted of a crime (including traffic offenses)?

☐ YES ☐ NO

If yes, give the nature of the offense, year of the offense, name and location of court and penalty or disposition of the case or cases and name of probation officer, if you are now on probation (a prior conviction is NOT an automatic bar to employment).



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Section VI. Additional Information

Do you have the legal right to work in the United States? ☐ YES ☐ NO

Date you can begin work:

Public Safety jobs, particularly the Fire Service, often require employees to perform special task. Indicate below if you will be able to perform the listed task:

- Work 24 hour shifts, nights, holidays, weekends, overtime and routinely return to work off duty for various incidents? ☐ YES ☐ NO

If No, explain:

- Wear a regulation uniform or assigned career clothing and equipment? ☐ YES ☐ NO

If No, explain:

- Conform to agency personal appearance standards? ☐ YES ☐ NO

If No, explain:

Please list any current City of Statesboro employee that you are related to by blood or marriage:

Name	City Department	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



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Section VII. Certification

I certify that the answers given by me on this application for employment are true and complete and correct to the best of my knowledge and that any misrepresentations will be cause for rejection of my application or the termination of my employment.

Signature: _____ Print Name: _____ Date: _____

Section VIII. City of Statesboro Alcohol and Drug Policy

Pre-employment Consent and Notice Alcohol and Drug Testing

As a condition of employment with the City of Statesboro, you are required to submit to an alcohol and/or drug screening. Personnel employed with the Fire Department are subject to random alcohol and/or drug screenings.

By signing this form you are acknowledging that you consent to such screenings and that you understand that such testing is part of the City of Statesboro's Alcohol and Drug Policy.

Signature: _____ Print Name: _____ Date: _____

Section IX. Georgia Driver's History Consent

I hereby authorize the City of Statesboro to receive a copy of my Georgia driver's history information as part of my application for Fire Department employment, or for the use relative to the performance of my official duties with this agency.

Signature: _____ Print Name: _____ Date: _____



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Section X. Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Statesboro, whether such records are of a public, private or confidential nature. The intent of the authorization is to give my consent for a full and complete disclosure of all records. The records covered by this release include, but are not limited to, records of my driver's history, criminal history, educational background, military personnel records, records of military service, juvenile court records, hospital and mental health center records, drug and alcohol treatment facility records, medical records maintained by private physicians, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me). I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for employment with the City of Statesboro. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the City of Statesboro to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photostatic copy of this authorization shall be considered as effective and valid as the original form. I have read, or had read to me, and fully understand the contents of this Authorization of Personal Information document.

Signature: _____ Print Name: _____ Date: _____



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Section XI. Condition of Employment (For Firefighter applicants ONLY)

The City of Statesboro maintains that employment with the Fire Department is contingent upon the following:

- Attain and maintain certification from the State of Georgia as a firefighter.
- NPQ Firefighter I Certification
- NPQ Firefighter II Certification
- NPQ Hazardous Materials Technician Certification
- Firefighter Survival Course
- Rapid Intervention Team – Operations Course
- Live in radius of 30 miles and have a 30 minute or less drive time (under normal conditions) from Statesboro City Hall located at 50 East Main Street Statesboro Georgia, 30458.
- Maintain a current, valid driver's license from the State of Georgia in one of the following classes:
 - CDL Class B
 - Non-CDL Class A
- Be cleared by a medical doctor as required by OSHA 1910.156 and OSHA 1910.134.
- Provide a current report from one (1) of the three major credit reporting agencies once a conditional offer of employment is made.
- Provide a copy of a seven (7) year driver's history report from the Department of Motor Vehicles (where you get your license not the Georgia State Patrol). There is an \$8.00 fee to obtain a copy of this report once a conditional offer of employment is made.
- Fill out and sign release for a criminal background investigation once a conditional offer of employment is made. This must be notarized which the Fire Department can do for you at the Administrative Offices located at 1533 Fair Road Statesboro GA, 30458.
- Pass a pre-employment drug-screen and physical once a conditional offer of employment is made.

Signature: _____ Print Name: _____ Date: _____

Section XII. Notary Public

Notary Public Signature: _____

_____ County, GA

My Commission Expires: _____

FOR OFFICE USE ONLY

LA _____ ICA _____ DMMQ _____ LRED _____ LREX _____ LRS _____ Other _____